

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 22 PM 3:37**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 730830 (7)**  
 1. Corporation Name  
**WOMEN'S CLUB OF OUR LADY QUEEN OF MARTYRS, INC.**

Principal Place of Business Mailing Address  
**2731 SW 11TH COURT FT. LAUDERDALE FL 33312-2901**      **2731 SW 11TH COURT FT. LAUDERDALE FL 33312-2901**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified **10/01/1974**      3a. Date of Last Report **03/29/1994**

4. FEI Number **59-0816456**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

**9. Name and Address of Current Registered Agent**

**KLOEPFER, B. ANGELINE**  
**404 SE 9TH COURT**  
**FT. LAUDERDALE FL 33316**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>KLOEPFER, B. ANGELINE</b>
STREET ADDRESS	<b>404 SE 9TH COURT</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>SHORTELE, KATHLEEN</b>
STREET ADDRESS	<b>3041 SW 22ND ST.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>BARTER, HEDY</b>
STREET ADDRESS	<b>620 GLENWOOD LANE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>SD</b>
NAME	<b>REH, DOROTHY M.</b>
STREET ADDRESS	<b>9975 NW 2ND CT.</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DOROTHY M. REH**

Date **3-15-95**      **305-**  
 Daytona Form # **383-8725**  
 6048203